

Instructions for HSN Medicare Outpatient Data Collection

The Health Safety Net Office is requiring hospitals to provide data on their fiscal year 2012 outpatient Medicare charges and payments. This data will be used to determine the proposed Health Safety Net outpatient per visit rates for Fiscal Year 2014.

1. *Download instructions*

Hospitals must download the Microsoft® Excel spreadsheet from the website below:

<http://www.mass.gov/chia/provider/client-eligibility/health-safety-net/providers/hospitals/medicare-outpatient.html>

- a. The minimum system requirements to download this spreadsheet are:

Computer/Processor: An IBM-compatible computer with a 486 66MHz processor (or higher)

Memory: 16 MB RAM

Hard Disk: 1 MB Available for a typical installation, and 1.4 MB for the maximum installation.

Display: VGA or higher-resolution monitor; Super VGA recommended

Operating System: Microsoft Windows 95 or later operating system or Microsoft Windows NT operating system version 4.0 with Service Pack 3 or later

Software: Microsoft Excel 97 Service Release 2 or higher

- b. Open the appropriate workbook file and immediately save the file as an *.XLS file named OPPAF12-YourHospitalName.XLS.
- c. Create a file folder named **OPPAFTemplate**. Save the OPPAF12-YourHospitalName.XLS file to the **OPPAFTemplate** folder you just created. Use only the original **OPPAF12-YourHospitalName.XLS** file and you will always have a clean workbook file in the **OPPAFTemplate** folder to use as a starting point.

2. *Data Entry Instructions*

Hospitals must enter data from their FY2012 Medicare Provider Statistical and Reimbursement (PS&R) report and their CMS-2552 report. If the provider does not have a complete fiscal year, it must provide data from the most recent complete four quarters of data.

Header: Enter the hospital name, Medicare provider number, and organization ID. For a list of hospital names and organization IDs, please refer to the second tab of the spreadsheet.

Category 1, Outpatient data: From the summary Provider Statistical and Reimbursement Report for fiscal year 2012 (10/1/2011 – 09/30/2012), enter in the values requested. The source report should be report number OD44203 and report type 1000. Complete the form for each line item (“TYP”) requested. If there are additional lines reported, use the “other” line items and indicate the report “TYP” in the description field.

Category 2, Direct graduate medical education payments: From the fiscal year 2012 CMS-2552, Worksheet E, Part B, line 28, report the value requested.

Category 3, Other pass throughs: From the fiscal year 2012 CMS-2552, Worksheet E, Part B, lines 9, 10, 22, and 23, report any Part B pass through payment amounts.

Category 4, Other: Report any additional payments and charges the hospital received from Medicare Part B for outpatient hospital services. An explanation for any amount reported here should be provided in the comments field. In addition, any amounts claimed as “other” should have supporting documentation from the intermediary, Part B carrier, or CMS. The Health Safety Net will review these expenses and determine the appropriateness of the inclusion of these expenses.

Comments: Provide any additional information to the Health Safety Net related to this report. Each report will be screened and verified by Health Safety Net staff.

Hospital contact name and phone number: Provide the name of a hospital representative who would be available to answer questions from Health Safety Net staff on this report.

3. Data Submission

Reports are due by **12:00 PM on Thursday, August 1, 2013**. Once completed, hospitals should email the completed Microsoft® Excel file to:

HSN.Data@state.ma.us

The subject line of the email should read, “Medicare Outpatient Data”.

The following supporting documents should be scanned and emailed to the Health Safety Net:

- Copies of the appropriate pages from the PS&R summary report from which the data was extracted. It is not necessary to provide the entire PS&R;
- Copies of worksheet E, part B of the FY2012 CMS-2552 report;
- Any additional supporting documentation related to amounts reported under “other” or to document text provided in the “comments” section.

Please do not fax these documents, as the numbers are often illegible on received faxes. Hospitals also may photocopy and mail these documents, as long as the numbers are legible.

If mailing, send supporting documents to:

Health Safety Net Office
Attn: Medicare Outpatient Data Submission
2 Boylston Street, 6th Floor
Boston, MA 02116